1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): MA-520 - Brockton/Plymouth City & County CoC

CoC Lead Organization Name: United Way of Greater Plymouth County

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Plymouth County Housing Alliance
Indicate the frequency of group meetings:	Monthly or more
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	75%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	X

Specify "other" process(es):

Other = some members are recruited to join.

Briefly describe the selection process including why this process was established and how it works.

The Plymouth County Housing Alliance (PCHA) seeks to ensure for a diverse membership of key stakeholders involved locally in addressing homelessness. Members are selected in three ways. They volunteer to take part; they are assigned by their agencies, given their jobs involve addressing the needs of homeless people; or they are recruited, in an effort to achieve broader involvement. Some recruited members include business and government representatives and homeless constituents.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes, with additional administrative funds the lead agency, the United Way of Greater Plymouth County, could take on this role. The United Way could then carry out the roles of applying for HUD funding, serving as the grantee, and providing project oversight and monitoring. The United Ways board of trustees has already contributed funds and conducted fundraising in order to help facilitate CoC planning activities. It is prepared to play this role more fully if HUD will provide administrative funds to help cover the staffing costs involved.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Plymouth County H...	Monthly or more
HUD Project Revie...	Quarterly
New England Regio...	Monthly or more
State HMIS Planni...	Quarterly
Massachusetts Hou...	Monthly or more
Tenancy Preservat...	Quarterly
Plymouth County E...	Quarterly
Brockton Area AID...	Quarterly
The Hunger Network	Monthly or more
Mayors Leadershi...	Quarterly
Leadership Counci...	Quarterly
Plymouth Taskforc...	Quarterly
Homeless Census C...	Semi-annually
South Shore Famil...	Monthly or more
South Shore Regio...	Monthly or more
HUD Grantees Work...	Quarterly
Citizen X Committee	Monthly or more
Mainstream Resour...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Plymouth County Housing Alliance (PCHA)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The PCHA is the primary decision making group for the CoC that manages overall planning. It sets the agenda for full CoC planning meetings; oversees the various submcommittees and working groups;ensures that HMIS implementation is proceeding effectively; and brings together stakeholders for other planning, networking, and decision-making. It also gives final approval to the annual HUD CoC application and the project prioritization.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HUD Project Review Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Monitors and reviews project performance, recommends project improvements, makes recommendations to the PCHA for a final vote about project inclusion and prioritization for the CoC HUD application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: New England Regional HMIS Users Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The CoC has a liaison who serves on this group. Provides a way for technical staff within the CoC to network with other HMIS users in order to stay apprised about changes and best practices in gathering and evaluating homelessness data.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: State HMIS Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The CoC has a liaison who serves on this group. Conducts planning to develop and improve a coordinated statewide HMIS system. Also serves as a forum for discussing and addressing HMIS data collection, tracking, and reporting matters.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Massachusetts Housing and Shelter Alliance (MHSA)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The CoC has representatives who serve on MHSA and act as liaisons for the CoC. Keeps the CoC informed and involved in planning and advocacy at the state level for resources to end adult homelessness; provides the CoC with access to resources such as the state housing initiative for chronically homeless individuals.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Tenancy Preservation Steering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinates activities to prevent homelessness and preserve tenancies within the CoC. This committee was successful in expanding homelessness prevention efforts to all areas of the CoC in January of 2008.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Plymouth County Emergency Food and Shelter Program Board

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Makes decisions about federal EFSP funding allocations for food, shelter and other emergency safety net resources in the county; seeks an equitable and coordinated distribution of resources in the county.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Brockton Area AIDS Consortium

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Identifies and seeks to raise resources to address the housing and service needs of people with HIV / AIDS, including those who are homeless, at-risk, and recently moved to housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: The Hunger Network

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This work group coordinates activities regarding the areas meal sites and food pantries. It communicates with CoC provider organizations to ensure that all homeless families and individuals have access to food.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mayors Leadership Council on the Ten-Year Plan to End Chronic Homelessness City of Brockton

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This council oversees the implementation of the 10-year plan to end chronic homelessness in Brockton. The plan was announced in April of 2008 at the Mayors press conference with guest Philip Mangano, ED of the National Interagency Council on Homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Leadership Council to End Family Homelessness in Plymouth County

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group represents a partnership of business leaders, government officials, and provider organizations. The council announced its 10-year plan for Plymouth County to end family homelessness in April of 2008. The plan was accepted by various community supports including One Family Campaign, Inc., Bridgewater State College, and Harbor One Credit Union. The council oversees the implementation of the plan through quarterly meetings.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Plymouth Taskforce for the Homeless

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee brings together clergy and community volunteers for a collaborative response by the local faith communities to homelessness in Plymouth.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Census Count Planning Group

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Organizes the annual point-in-time homeless census count. Comprised of CoC representatives involved in outreach and emergency services to the sheltered and unsheltered homeless; also involves the HMIS vendor to improve data collection and Bridgewater State College which assists with volunteers and resources for the street count.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: South Shore Family Housing Network

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A new working group of the South Shore Regional Network that convenes state-funded family emergency shelters for a regional approach to: family shelter diversion, rapid re-housing, and related efforts to reduce family homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: South Shore Regional Network to End Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A newly-formed planning group of the two CoCs for this area, Brockton/Plymouth and Quincy/Weymouth, that seeks an integrated approach to ending homelessness in the South Shore region of Massachusetts. Focused on improved collaboration, region-wide assessment, planning, shelter diversion, and a shift toward Housing First practices that align with the policy directions of the Commonwealth of Massachusetts.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HUD Grantees Working Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Brings together the HUD CoC grantees for training, review of project activities, improved coordination of services, and participation in completion of the annual HUD CoC application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Citizen X Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

As part of implementation of the 10-Year Plan to End Chronic Homelessness, the Citizen X committee was formed to respond to the presence of chronically homeless individuals in Brockton. Local law enforcement, corrections, government, health care, and social service providers came together to address public safety and the service needs of specific individuals who were over-utilizing emergency systems of care. The group focuses on specific citizens and creates a collaborative service plan for each Citizen X. The group has been successful in outreaching to street dwellers to encourage them to move into shelter and to reduce their use of emergency systems of care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mainstream Resources Sub-Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Informs providers about new community resources and updates on existing community resources. One CoC member is a mainstream resources specialists who facilitates referrals to mainstream resources, including disability benefits and food stamps.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Brockton Area Multi Services (BAMSI)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Father Bills & MainSpring, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Seriously Me...
Catholic Charities South	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
High Point Treatment Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Latin American Health Institute	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Substance Ab...
Lutheran Social Services of NE - Ruth House	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Old Colony YMCA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Plymouth Area Coalition for the Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Red Cross of Southeastern Mass.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Salvation Army - Brockton	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
South Coastal Legal Services	Private Sector	Non-pro...	None	NONE
South Shore Habitat for Humanity	Private Sector	Non-pro...	Primary Decision Making Group	NONE
South Shore Housing Development Corp.	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
South Shore Women's Center	Private Sector	Non-pro...	None	Domestic Vio...
Brockton Interfaith Community	Private Sector	Faith-b...	None	NONE

Mount Mariah Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Ab...
My Brother's Keeper	Private Sector	Faith-b...	None	NONE
Plymouth Taskforce for the Homeless	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
St. Paul's Community Church	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Department of Transitional Assistance	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, P...	Domestic Vio...
Department of Mental Health	Public Sector	State g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Department of Children and Families	Public Sector	State g...	None	Youth
City of Brockton Mayor's Office	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
City of Brockton Fire Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Brockton Public Library	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Brockton Redevelopment Authority	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
Plymouth County Commissioners' Office	Public Sector	Local g...	Primary Decision Making Group	NONE
Brockton Housing Authority	Public Sector	Public c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bridgewater State College	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Brockton Public School Department	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Brockton Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Plymouth County District Attorney's Office	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
Plymouth County House of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Plymouth County Police Chiefs Association	Public Sector	Law enf...	None	NONE
Brockton Area Workforce Investment Board	Public Sector	Local w...	None	NONE
Boston VA Healthcare System, Brockton Campus	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans
American Medical Response	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Brockton Housing Partnership	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE

HarborOne Credit Union	Private Sector	Business es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Metro South Chamber of Commerce	Private Sector	Business es	Attend 10-year planning meetings during past 12 months	NONE
United Way of Greater Plymouth County	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Mass Housing and Shelter Alliance	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Brockton Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	HIV/AIDS
Brockton Neighborhood Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Department of Youth Services	Public Sector	State g...	None	Youth
Old Colony Planning Council	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
North Easton Savings Bank	Private Sector	Business es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Simtech Solutions	Private Sector	Business es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Town of Plymouth Planning and Development Depar...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Rockland Trust	Private Sector	Business es	Attend 10-year planning meetings during past 12 months	NONE
US. Representative Stephen F. Lynch	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Campello Business Association	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
One Family Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Brockton Family and Community Resources	Private Sector	Non-pro...	Primary Decision Making Group	NONE
Possibilities Ministries, Inc.	Private Sector	Faith-b...	Primary Decision Making Group	NONE
MA State Representative Lou Kafka	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Michele Clark	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Christopher Nee	Individual	Homeles...	None	NONE

Dianne Hayes	Individual	Homeles...	None	NONE
South Shore Community Action Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Self Help, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
City of Brockton, Veterans' Services Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans
Carolina Hill	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods: (select all that apply)	b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings
Rating and Performance Assessment Measure(s): (select all that apply)	a. CoC Rating & Review Commitee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status
Voting/Decision Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The 2008 inventory reflects an increase of 4 family beds as a result of the following corrections to the count, not new inventory: (1) a family shelter in Plymouth County previously not counted by this CoC was added to the inventory and removed from the inventory of the adjacent CoC; (2) a DV shelter included as ES last year has been reclassified as a TH program, in keeping with its funding and structure, and moved to that chart; and (3) minor corrections were made to the way providers count their family beds, which can fluctuate given the households being accommodated. For individuals, 12 seasonal beds privately operated by a coalition of faith-based groups, that previously had not been counted, were added to the inventory.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Not applicable.

Transitional Housing: Yes

Briefly describe the reasons for the change:

The 2008 inventory reflects an increase by 24 family beds when a DV program previously listed as emergency shelter was correctly reclassified as TH. The TH inventory for individuals declined by 20 beds as a result of two changes: (1) the VA transitional program inventory was reduced from 50 beds included in 2007 to 40 for 2008, not because of an actual reduction in beds, but a stricter interpretation of those beds designated for homeless people; and (2) ten post-detox beds were converted to permanent supportive housing as part of a larger statewide conversion initiative. Those beds were relocated outside the CoC, but homeless people from this continuum have priority access when there are openings.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

For families, the CoC inventory increased by 10 beds to a total of 30 as a result of the opening of the SHP-funded project, Welcome Home, which had been under development in 2007. That housing project previously had been expected to add 8 beds, but instead added 10 when it accommodated a large family in one of the three new units. For individuals, a small SRO operated by a coalition of faith communities had inadvertently been left off the 2007 inventory. Its 3 beds were added to this years count. Additionally, the 22 beds that had been under development in 2007, all of them designated for chronically homeless persons, were successfully brought on line. As had been projected in 2007, the current CH inventory has increased to 32 beds and the overall inventory to 35 beds.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/18/2008

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2008
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Stakeholder discussion, HUD unmet need formula, Unsheltered count, Housing inventory, HMIS data
Specify "other" data types:	

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	MA-501 - Holyoke/Franklin, Hampden, Hamshire Counties CoC, MA-503 - Cape Cod Islands CoC, MA-508 - Lowell CoC, MA-510 - Gloucester/Haverhill/Salem/Essex County CoC, MA-511 - Quincy/Weymouth CoC, MA-513 - Malden/Medford CoC, MA-514 - Framingham/Waltham CoC, MA-515 - Fall River CoC, MA-516 - Massachusetts Balance of State CoC, MA-517 - Somerville CoC, MA-518 - Brookline/Newton CoC, MA-519 - Attleboro/Taunton/Bristol County CoC, MA-520 - Brockton/Plymouth City & County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	SHORE
What is the name of the HMIS software company?	Department of Transitional Assistance
Does the CoC plan to change HMIS software within the next 18 months?	No
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	07/01/1999
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Other

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Ensuring high data quality is a continuous challenge that requires regular monitoring of data and giving feedback to representatives of each program about data quality issues. We have revised intake sheets to align them better with the HMIS application, SHORE; trained staff on how to use SHORE; and asked the Department of Transitional Assistance (DTA) to provide our CoC with our entire data set in order to do a full review of the data that is reported and to proactively audit this work and address issues. It is our plan to continue with this approach and to learn from other continuums about the techniques they use to ensure high data quality.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement	10/14/2008

Attachment Details

Document Description: HMIS Agreement

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name	Father Bills & MainSpring, Inc.
Street Address 1	422 Washington Street
Street Address 2	
City	Quincy
State	Massachusetts
Zip Code **Format: xxxxx or xxxxx-xxxx**	02169
Organization Type	Non-Profit
If "Other" please specify	

2C. Homeless Management Information System (HMIS) Contact Person

Prefix:	Mr
First Name	Matthew
Middle Name/Initial	
Last Name	Simmonds
Suffix	
Telephone Number: (Format: 123-456-7890)	617-395-6669
Extension	
Fax Number: (Format: 123-456-7890)	262-995-6669
E-mail Address:	matt@simtechsolutions.com
Confirm E-mail Address:	matt@simtechsolutions.com

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Quarterly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

While our overall bed coverage is 83%, and therefore over the 64% threshold, we have engaged the assistant legal secretary of the Salvation Army, Richard Allen, to attempt to get their adult rehab beds into HMIS so we can boost the transitional housing participation rate as well. The Salvation Armys ARC programs have been hesitant to participate in HMIS due to the sensitive nature of the substance abuse issues of their clients, but he is looking into this further for us.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	13%	13%
* Date of Birth	1%	0%
* Ethnicity	6%	0%
* Race	2%	2%
* Gender	0%	0%
* Veteran Status	7%	1%
* Disabling Condition	22%	0%
* Residence Prior to Program Entry	10%	1%
* Zip Code of Last Permanent Address	26%	14%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

We continuously self audit our data to ensure that the universe of clients is being accurately reflected. Our HMIS technical support provider, Simtech Solutions, performs regular audits of the HMIS data and trains management staff in auditing techniques so that they too can help to ensure the accuracy of the data. Data completion reports are regularly run on a program-by-program basis, and any programs that have low completion rates are contacted to identify the cause of the issues and to address them. APR reports are run; the figures from these are then compared with those generated from counts that are done offline in Excel as well as counts derived from the paper-based bed lists. While having three mechanisms (HMIS, paper, and Excel) is somewhat redundant, this method gives us confidence in the figures we report; it also ensures for backup data in the event that one of the three systems were to fail. Ongoing staff training, as well as some upgrades that were made to the SHORE HMIS application, have helped to expedite the data collection process and have improved the overall quality of the data.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

The CoC periodically runs one-day reports and compares them with the actual bed rosters. In the case of a discrepancy between the report and the bed roster, the staff members who completed the bed roster and the staff members who input the data into the HMIS system reconcile the figures to obtain an accurate count.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Semi-annually
Use of HMIS for point-in-time count of sheltered persons:	Quarterly
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Monthly
* Validation of off-site storage of HMIS data	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Monthly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	05/15/2008
If 'No' indicate when development of manual will be completed:	

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Quarterly
Data Security training	Semi-annually
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children	Sheltered Emergency	Sheltered Transitional	Unsheltered	Total
Number of Households	122	31	0	153
Number of Persons (adults and children)	332	75	0	407

Households without Dependent Children	Sheltered Emergency	Sheltered Transitional	Unsheltered	Total
Number of Households	84	99	54	237
Number of Persons (adults and unaccompanied youth)	85	99	54	238

All Households/ All Persons	Sheltered Emergency	Sheltered Transitional	Unsheltered	Total
Total Households	206	130	54	390

Total Persons	417	174	54	645

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	67	34	101
* Severely Mentally Ill	49	1	50
* Chronic Substance Abuse	140	31	171
* Veterans	41	1	42
* Persons with HIV/AIDS	2		2
* Victims of Domestic Violence	45		45
* Unaccompanied Youth (under 18)	0		0

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: (mm/dd/yyyy) 01/28/2009

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:
Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:
The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:
The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation: **(Extrapolation attachment is required)**	
Other:	X

If Other, specify:

We created a tertiary auditing tool in Excel that automatically tabulated survey results. Each agency used printed versions of the survey forms for the initial data capture. The data were subsequently entered into the Excel worksheets and also into HMIS. In the event of a discrepancy between HMIS and the Excel generated report the data were analyzed to determine the cause and to correct the issue. The Excel worksheet has tested formulas that automatically tabulate the subpopulation information.

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Each agency used printed versions of the survey forms for the initial data capture. The data were subsequently entered into the Excel worksheets and also into HMIS. In the event of a discrepancy between HMIS and the Excel generated report the data were analyzed to determine the cause and correct the issue.

There was a nominal increase in the sheltered count by 18 people from a total of 573 in 2007 to 591 in 2008. The increase is attributed to: fluctuations in the size of families sheltered, corrections to the housing inventory (as discussed in 1F. e-HIC Change of Beds), and increased success at getting previously unsheltered people to use shelter beds (given the significant decline in the unsheltered count).

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:
Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:
Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:
Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:
Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:
Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:
CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

The HMIS lead created a complementary Excel based reporting tool to audit HMIS results. We used this same tool to also create a point in time count of doubled up and at risk persons, which we reported on seperately for our own information.

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The HMIS system has functionality in place to generate the subpopulation information; however, the HMIS lead organization built a reporting mechanism within an Excel workbook to create the same reports. The Excel table allowed for the rapid collection of client level information based on program type and had functionality to un-duplicate records at both an agency and CoC level and to populate a subpopulation report.

Improved capacity at gathering subpopulation information resulted in higher subpopulation counts in all categories in 2008. The increase in the chronic homeless sheltered number is also attributed to two things: 12 seasonal beds were added to the 2008 count that had previously not been included, all of them used by chronically homeless persons; and the CoC had greater success at getting unsheltered people to use shelter beds, as evidenced by the decline in the unsheltered chronic homeless count in 2008 (even while subpopulation reporting methods had improved). The sheltered chronic homeless went from 22% of the total chronic homeless subpopulation in 2007 to 66% of that subpopulation in 2008.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	X

If Other, specify:

CoC emergency shelter provider staff are required to periodically run a Client Served Report and compare the names listed with those listed on the bed sheet for that night. Data Completion Reports are also run on a program by program basis by management, and any areas in need of attention are addressed.

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

We collected the data in Excel and created a unique key based on the identifying information of each client. These data were sorted and a formula was written to detect changes in the unique key and to count each change, which results in a count that ignores duplicate records.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	X

If Other, specify:

Our technical lead gathered address information from clinicians where homeless people have been known to congregate and mapped out all of the addresses using Google Maps. Copies of the maps were handed out to those counting on the night of the actual count to use as an aid for locating the hot spots where the homeless had been congregating recently.

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:
Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:
Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:
Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	X

If Other, specify:

On the night of the count, the volunteers were given an intake sheet to aid in the counting process that had the information to be collected as well as HUD definitions of terms to further clarify the questions being asked and support the accuracy of information gathered.

Describe the techniques used to reduce duplication.

Volunteers broke out into groups and each group was responsible for a particular coverage area. The night of the point in time count was a relatively cold one at 39 degrees which usually limits the mobility of those being counted as they tend to find a warm place and stay there.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The CoC recorded no unsheltered homeless households with dependent children in 2007 during the point in time count. The South Shore Family Housing Network (SSFHN), which is a collaboration of provider organizations in the region, will work to create a pilot program to divert families from entering shelter. The SSFHN will continue to work collaboratively to conduct outreach to families that might be at-risk of homelessness or are homeless and not in shelter.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The CoCs efforts to engage unsheltered homeless people have targeted the two regions where such individuals are concentrated. In Brockton, an outreach specialist, who is part of the PATH team, regularly visits known areas where unsheltered people sleep as well as the local soup kitchens and the day center. Additionally, the Citizen X committee brings together stakeholders (law enforcement, corrections, health and service providers, government) to develop a collaborative services plan for each "Citizen X" street dweller to encourage them to move into shelter and to reduce their use of emergency systems of care. In Plymouth, street outreach has been increased over the past year, working in collaboration with the local police to identify the sites that people frequent. The approach to outreach in the CoC is to build relationships with unsheltered individuals, to encourage them to enter shelter, and in some cases to help them move directly to Housing First permanent housing.

These efforts have resulted in a 33% decrease in the number of unsheltered individuals in the CoC, from 81 in 2007 to 54 in 2008. Even more impressive, the chronic homeless subpopulation dropped from all 81 people staying outdoors in 2007 to 34 in 2008. The other key progress indicator is that only 33% of the chronically homeless were found outdoors thisyear compared to 77.8% of this subpopulation last year.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for two new SHP leasing projects (My Home One Samaritan Bonus and My Home Two PPRN status). Award of these projects will create 10 new PH beds for chronically homeless persons.	President/CEO, Father Bills & MainSpring
Action Step 2	Begin construction of the new project, Work Express Housing, which will add 16 PH beds for chronically homeless. Projected construction completion is within 18 months.	President/CEO, Father Bills & MainSpring
Action Step 3	Apply to the State Interagency Council on Housing & Homelessness in fall 08 for the South Shore Regional Network to secure pilot funding that will help create more Housing First beds for the chronically homeless.	President/CEO, United Way of Greater Plymouth County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	32
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	100

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Add 1 new case manager to the community-based case management team to help sustain housing retention results in the two SHP leasing projects for formerly chronically homeless individuals.	COO, Father Bills & MainSpring
Action Step 2	Provide financial management and life skills training to all families in the SHP-PH program.	Program Director, Greater Plymouth SHP
Action Step 3	Convert a portion of state Department of Mental Health funds from emergency shelter services to Housing First clinical services in order to serve PH participants with mental illness (formerly chronically homeless).	Brockton Center Director, DMH Southeastern Office

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	80
Numeric Achievement in 5 years	82
Numeric Achievement in 10 years	85

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create a coordinated assessment, triage and rapid re-housing system for homeless families in Massachusetts South Shore region that will speed the movement of all homeless families to PH, including TH participants.	Chairperson, South Shore Family Housing Network
Action Step 2	Continue to address barriers to housing placement for homeless families (subsidies, income, child care, transportation) in order to maintain the high percentage moving from TH to PH.	Exec Dir of Family Svces, Old Colony Y
Action Step 3	Provide financial literacy training to all TH participants in the CoC.	Chair, Financial Literacy Subcom, Brockton Housing Partnership

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	100
Numeric Achievement in 12 months	90
Numeric Achievement in 5 years	90
Numeric Achievement in 10 years	95

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work with the local Dept of Transitional Office to remove barriers to obtaining child care vouchers so homeless heads of households can secure employment.	Exec Dir of Family Svces, Old Colony Y
Action Step 2	Complete business plan and implement recommendations to strengthen the Work Express job readiness program so more homeless adults, including chronically homeless, can gain job experience and secure employment.	President/CEO, Father Bills & MainSpring
Action Step 3	Partner with the Boston nonprofit, HopeFound (Impact Employment Services), to secure funds for specialized job training and job placement services so more chronically homeless PH participants can secure full-and part-time employment.	President/CEO, Father Bills & MainSpring

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	33
Numeric Achievement in 12 months	35
Numeric Achievement in 5 years	35
Numeric Achievement in 10 years	40

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for new project funding through the HUD Rapid Re-Housing Initiative. Award of these funds will move up to 10 families into housing.	COO, Father Bills & MainSpring
Action Step 2	Increase rapid re-housing efforts, resulting in a 10% decline in average lengths of family stays at DTA-funded emergency shelters by 2010.	Chairperson, South Shore Family Housing Network
Action Step 3	Apply to the State Interagency Council on Housing & Homelessness in fall 08 for the South Shore Regional Network to secure funding to pilot a family shelter triage and diversion model.	President/CEO, United Way of Greater Plymouth County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	153
Numeric Achievement in 12 months	153
Numeric Achievement in 5 years	130
Numeric Achievement in 10 years	110

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: Formal Protocol Implemented

Mental Health Discharge Protocol: Formal Protocol Implemented

Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For addtional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Department of Social Services (DSS) Standards for Independent Living Services requires a written 'Notice of Intent to Discharge' be prepared for DSS foster care clients with a Permanency Planning Goal of Independent Living. The notice must be prepared within 90 days of discharge from substitute care and/or DSS case closing, and sent to the youth and any substitute care provider. It includes an Independent Living Discharge/Case Closing Plan that describes the discharge resources for the youth, specifies the steps to meet needs and targeted goals, and the indicates the person responsible to assist. It must also detail the appropriate housing arrangements, which can include: apartments, boarding homes, room and board, and housing with family, friends, and former foster parents. It may not include the street, shelter, hotel/motels, or dwellings that fail to meet health and building codes. Youth are routinely discharged to reunify with their families (or to another housing option, if the youths age permits or reunification is not possible). If appropriate housing is not available, then to the extent that the State may retain custody, the youth must not be discharged from the States system of care.

This protocol must be adhered to by all publicly funded foster care providers in the Brockton/Plymouth CoC. It is understood and agreed to by the CoC whose representatives work with State agencies, through the Interagency Council and related groups, to enhance implementation.

Health Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Executive Office of Health & Human Services (EOHHS) has established Discharge Planning Standards included in all Requests for Proposal (RFP). Monitoring includes: site visits, annual reports, review of Bureau of Substance Abuse Services (BSAS) data on discharges and admissions, analysis of billing data and Risk Management. These data must be submitted by BSAS-funded programs on all clients, not just those funded by BSAS.

The RFP Template states: Transition/Discharge: The Commonwealth has determined that the discharging of consumers into homeless shelters is not an appropriate discharge plan. It is the Commonwealths goal, through the implementation of aggressive and comprehensive discharge planning efforts, to reduce the number of inmates/clients who go into shelters after having been in residential programs.

Bidders in their response to this RFP will be required to provide a plan of action which will become a contract performance goal that will enable the Commonwealth to achieve this goal.

DPH-funded detoxification programs routinely discharge clients from their programs to State-funded residential recovery programs or to State-funded transitional support services.

The State's protocol must be adhered to by all providers of EOHHS-funded services in the Brockton/Plymouth CoC. It is understood and agreed to by this CoC whose representatives work with State agencies, through the Interagency Council and related groups, to enhance implementation.

Mental Health Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Regulation 104 CMR 27.09 requires that all mental health facilities arrange for the necessary post-discharge support and clinical services needed to facilitate a smooth reentry to the community. Such measures must be documented in the clients medical record. All mental health facilities are required to make every effort to avoid discharge to the streets or shelters.

All facilities are required to take steps to identify and offer alternative options to patients and must document such measures, including all competent refusals of alternative options by a patient, in the medical record. In the case of such a discharge the mental health facility must arrange for or, in the case of a competent refusal, identify post-discharge support and clinical services.

The facility shall keep a record of all discharges to a shelter or the street in the approved form and submit such information to the Department of Mental Health on a quarterly basis. The Department of Mental Health funds and routinely discharges clients to their State-funded system of group homes.

The State's protocol must be adhered to by all providers of DMH-funded services in the Brockton/Plymouth CoC. It is understood and agreed to by this CoC whose representatives work with State agencies, through the Interagency Council and related groups, to enhance implementation.

Corrections Discharge
For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Department of Corrections policy relative to release preparation of inmates includes:

1. An individualized risk reduction plan, including applications for specialized housing, if there are recidivism risks (sex offender, drug or alcohol abuse, etc.).

2. Inmates participation in at least five transition workshops prior to release, to develop comprehensive treatment and transition plans that address housing, employment, substance abuse and mental health, and basic life skills. The plans implementation is monitored by the DOC Re-Entry Units Transition Planning Coordinator, through monthly meetings, in coordination with relevant parties (Parole Officer, the Dept. of Mental Health Forensic Transition Team, Mental Health Team Leader, and others).

3. The transition plan to promote continuity with community servicess, in which the inmates specify their housing reentry plan. The DOC has targeted resources for specialized housing with services to prevent inmates from reentering the corrections system and/or becoming homeless again.

The DOC routinely discharges inmates to traditional residential placements, including family reunification, rental housing, or State-funded halfway houses.

The State's protocol must be adhered to by all DOC correctional service providers in the Brockton/Plymouth CoC. It is understood and agreed to by the CoC whose representatives work with State agencies, through the Interagency Council and related groups, to enhance implementation.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/24/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	09/24/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/24/2008
Health Care Discharge Protocol	No	Health Care Disch...	09/24/2008

Attachment Details

Document Description: Foster Care Discharge Policy

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge Policy

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Pollicy

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Discharge Policy

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes
If yes, briefly list a few of the goals included in the Consolidated Plan:	1. Allocate $100,000 in HOME funds for creation of the Work Express 32-unit SRO with at least 16 units to be designated for chronically homeless persons. 2. Allocate $7,000 in CDBG funds for homeless services, including job training for homeless adults and life skills counseling at a domestic violence shelter. 3. Improve county-wide Homelessness Management Information System (HMIS) to aggregate and analyze data on homeless individuals 4. Create a common intake form to be used by all service providers. 5. Develop job placement assistance and workforce development programs that are accessible to chronically homeless individuals. 6. Create eight (8) Housing First units for the chronically homeless. 7. Energize local business, the Brockton housing authority and housing developers to create 100 affordable housing units for low-income individuals
Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?	Yes
Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Convert the current shelter system into a triage system that identifies the needs of homeless families and makes tools to end homelessness available and accessible.
2. Commit to creating permanent, affordable housing for families experiencing long-term or episodic homelessness; promote creation of 100 affordable housing units for low-income individuals.
3. Create a common intake form to be used by all service providers.
4. Develop job placement assistance and workforce development programs accessible to chronically homeless individuals; provide educational and economic self-sufficiency services for each homeless family.
5. Create eight (8) Housing First units for the chronically homeless.
6. Improve access to mental health and substance abuse services for at-risk and episodically homeless individuals.
7. Develop a zero tolerance policy for inappropriate discharges of individuals from jails, hospitals, Department of Youth Services and the Department of Mental Health.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for addtional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?	No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	32	Beds	32	Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	78	%	80	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	100	%
Increase percentage of homeless persons employed at exit to at least 18%	30	%	33	%
Ensure that the CoC has a functional HMIS system	82	%	83	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	128	0
2007	104	10
2008	101	32

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 22

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$724,929				$79,014
Total	$724,929	$0	$0	$0	$79,014

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	6
b. Number of participants who did not leave the project(s)	14
c. Number of participants who exited after staying 6 months or longer	5
d. Number of participants who did not exit after staying 6 months or longer	11
e. Number of participants who did not leave and were enrolled for 5 months or less	3
TOTAL PH (%)	80

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	3
b. Number of participants who moved to PH	3
TOTAL TH (%)	100

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 9

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	4	44	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	1	11	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	3	33	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	6	67	%
Food Stamps	4	44	%
Other (Please specify below)	0	0	%
No Financial Resources	1	11	%

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The Program Review Committee reviews the APRs annually, a process which includes an analysis and comparison across all programs of the results to APR Q.11 about obtaining mainstream benefits. In 2007 the review committee flagged concerns with access to mainstream programs. Subsequent HUD-funded technical assistance for the CoC included providers participation in APR and mainstream benefits training. Analysis of APR results also helps to inform the CoC about systemic barriers to access, some of which are then addressed with the local offices of the Department of Transitional Assistance; others are addressed by the Mainstream Resources Working Group which facilitates referrals for benefits.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The Mainstream Resources Working Group - 9/4/08, 6/5/08, 4/3/08, 2/7/08, 12/6/07, 10/4/07.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Every client completes an intake and assessment form that identifies all of the mainstream benefits he/she currently receives. Case manager then help the clients to review their possible eligibility for additional benefits and to complete applications: gather documentation, contact benefits offices, fill out paperwork, and even accompany disabled clients to complete applications, if necessary.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
The case managers assist clients with all follow-up steps to ensure mainstream benefits are received: assist clients with calls to benefits offices, gather documentation, accompany clients for appointments, conduct advocacy with benefits offices, make referrals for legal assistance when barriers are encountered, and carry out related advocacy.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	No
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	Yes
*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	No

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)	Yes
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	Yes

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Greater Plymouth ...	2008-10-06 17:18:...	1 Year	South Shore Housi...	42,000	Renewal Project	SHP	PH	F5
Real Value HMIS	2008-09-30 11:38:...	1 Year	Father Bills & Ma...	41,346	Renewal Project	SHP	HMIS	F7
Families First	2008-10-08 15:50:...	3 Years	Father Bills & Ma...	173,464	New Project	SHP	TH	R3
Brockton Family L...	2008-10-06 17:13:...	1 Year	South Shore Housi...	83,125	Renewal Project	SHP	TH	F6
Plymouth County S...	2008-09-30 11:39:...	1 Year	Father Bills & Ma...	182,895	Renewal Project	SHP	PH	F4
My Home Two	2008-10-08 16:02:...	2 Years	Father Bills & Ma...	237,078	New Project	SHP	PH	F2
My Home One	2008-10-08 15:54:...	2 Years	Father Bills & Ma...	87,167	New Project	SHP	PH	S1

Budget Summary

FPRN	$586,444
Rapid Re-Housing	$173,464
Samaritan Housing	$87,167
SPC Renewal	$0
Rejected	$0